



**CLIMAX MOLYBDENUM
COMPANY**
A Cyprus Amax Company

Climax Molybdenum Company
P.O. Box 220
Fort Madison, Iowa 52627
(319) 463-7151
Fax: (319) 463-7315

January 23, 1996

US EPA Region 7
ARTD/Iowa
726 Minnesota Avenue
Kansas City, KS 66101

RECEIVED

JAN 25 1996

IOWA SECTION

Dear Sir or Madam,

Attached is our Biennial Report for 1995. Our facility is normally conditionally exempt with little to no hazardous waste generation. However, in 1995 we cleaned out an old unused process which contained some hazardous material.

We should no longer be a large quantity generator on a regular basis.

Sincerely,

Thomas E. Anderson P. E.
Environmental Manager

TEA/cb
Att.

RCRIS data entered
BY RCox / AARP/SEE
ON 3/13/96

R00067565
RCRA Records Center

MB
11/6/96

JAN 25 1996

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum CompanyEPA ID NO: IAD 000 222 653FORM
ICIOWA SECTION
U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

IDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No.

Same as label ☐ or → IAD 000 222 653

B. County

Lee

C. Site/company name

Same as label ☐ or → Climax Molybdenum Company

D. Has the site name associated with this EPA ID changed since 1993?

☐ 1 Yes
☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

Same as label ☐ or → 2598 Highway 61

F. City, town, village, etc.

Same as label ☐ or →Fort Madison

G. State

Same as label

IA

H. Zip Code

Same as label

512627 - 0220

Sec. II

Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address?

☒ 1 Yes (SKIP TO SEC. III)
☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code

 -

Sec. III

Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I.

Anderson Thomas E

B. Title

Environmental
Manager

C. Telephone

319 463 - 7151
Extension 224

Sec. IV

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I.

Anderson Thomas E

B. Title

Environmental Manager

C. Signature

Thomas E. Anderson

D. Date of signature

01 23 96
MO. DAY YR.

Sec.V - Generator Status. Instruction pages 10, 12.**A. 1995 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)

SKIP to SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1**C. RCRA-exempt treatment, disposal, or recycling**1**Sec.VII - Waste Minimization Activity during 1994 or 1995.** Instruction pages 14, 15.**A. Did this site begin or expand a source reduction activity during 1994 or 1995?**

- ☐ 1 Yes
☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes
☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum CompanyEPA ID NO: I A D 0 0 0 2 2 2 6 5 3U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

Fluorescent Light Bulbs

B. EPA hazardous waste code Page 19.

D 0 0 9

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 3 3 9E. Origin code 1 Page 19System
Type L

F. Source code Page 20.

A 9 9G. Point of measurement
Page 20.1H. Form code
Page 20.B 3 1 9

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.0B. Quantity generated in 1995
Page 21.3 4 7C. UOM
Page 21.1

Density

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.LQuantity treated, disposed, or recycled on site
in 19953 4 7

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.LQuantity treated, disposed, or recycled on site
in 19953 4 7

Sec. III

A. Was any of this waste shipped off-site in 1995
Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.I A D 0 0 0 1 0 9 8 2 7C. System type shipped to
Page 23.M 0 1 9D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.3 4 7

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23. C. System type shipped to
Page 23.LD. Off-site
availability code
Page 23. E. Total quantity shipped in 1995
Page 23.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W
L W

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25. E. Activity/production
index Page 25.

F. 1995 source reduction quantity Page 26.

Comments:

Sec. I Box H Used Lightbulbs

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum CompanyEPA ID NO: ILAD 0000 2222 6533

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Unused drum of paint		C. State hazardous waste code Page 19. N A	
B. EPA hazardous waste code Page 19. F 0 0 5 D 0 0 1 F 0 0 3		D. SIC code Page 19. 3 3 3 9		E. Origin code <input type="checkbox"/> Page 19 System Type L M	
F. Source code Page 20. 2 1		G. Point of measurement Page 20. 1		H. Form code Page 20. B 2 0 9	
				I. RCRA - radioactive mixed Page 20. 2	

Sec. II		A. Quantity generated in 1994 Instruction Page 21.		B. Quantity generated in 1995 Page 21. 5 5	
		C. UOM Page 21. 5 9.5 1 lbs/gal 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. L M		Quantity treated, disposed, or recycled on site in 1995		On-site process system type Page 22. L M	
		Quantity treated, disposed, or recycled on site in 1995			

Sec. III		A. Was any of this waste shipped off-site in 1995 Instruction page 22. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. I L D 9 8 0 6 1 3 9 1 3	C. System type shipped to Page 23. M 0 4 2	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1995 Page 23. 5 5	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23. L M	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.	

Sec. IV		A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. W W W W	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.	

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum CompanyEPA ID NO: I A D 0 0 0 2 2 2 6 5 3

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.

Lab Packs

B. EPA hazardous waste code Page 19.

D 0 0 1 D 0 0 2
D 0 0 5 D 0 0 8 U 1, 2, 2

C. State hazardous waste code Page 19.

N A

D. SIC code Page 19.

3 3 3 9E. Origin code 1 Page 19System
Type L M

F. Source code Page 20.

A 9 4G. Point of measurement
Page 20.1H. Form code
Page 20.B 0 0 1

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.0B. Quantity generated in 1995
Page 21.5 4 5C. UOM
Page 21.
1 0 0 0
☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.L MQuantity treated, disposed, or recycled on site
in 19950 0 0 0 0 0 0 0 0 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.L MQuantity treated, disposed, or recycled on site
in 19950 0 0 0 0 0 0 0 0 0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☒ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.T X D 0 5 5 1 4 1 3 7 8C. System type shipped to
Page 23.M 0 4 4D. Off-site
availability code
Page 23.1E. Total quantity shipped in 1995
Page 23.5 2 5

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.I A D 0 1 0 3 9 5 1 2 7C. System type shipped to
Page 23.M 0 4 3D. Off-site
availability, code
Page 23.1E. Total quantity shipped in 1995
Page 23.2 0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W L W
L W L W

C. Other effects Page 25.

☐ 1 Yes
☒ 2 No
D. Quantity recycled in 1995 due to new activities
Page 25.0 0 0 0 0 0 0 0 0 0E. Activity/production
index Page 25.0 0 0

F. 1995 source reduction quantity Page 26.

0 0 0 0 0 0 0 0 0 0

Comments:

Section I, Box B U208

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum Company

EPA ID NO: IAD 000 222 653

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

Clean-up material from building renovation

B. EPA hazardous waste code Page 19.

D 0 0 7 D 0 1 0

C. State hazardous waste code Page 19.

N A

D. SIC code Page 19.

3 3 3 9

E. Origin code Page 19
System
Type LM

F. Source code Page 20.

A 0 9

G. Point of measurement
Page 20.

1

H. Form code
Page 20.

B 3 0 2

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

0

B. Quantity generated in 1995
Page 21.

1 3 3 2 0

C. UOM
Page 21.

1

Density

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995
Instruction page 22. ☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

A I D 0 0 0 6 2 2 4 6 4

C. System type shipped to
Page 23.

M 1 3 2

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

1 3 3 2 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.C. System type shipped to
Page 23.

LM

D. Off-site
availability, code
Page 23.E. Total quantity shipped in 1995
Page 23.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W
W W

C. Other effects Page 25.

☐ 1 Yes
☐ 2 NoD. Quantity recycled in 1995 due to new activities
Page 25.E. Activity/production
index Page 25.

F. 1995 source reduction quantity Page 26.

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Climax Molybdenum Company

EPA ID NO: I A D 0 0 0 2 2 2 6 5 3

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.

Waste combustible liquid from parts washer

B. EPA hazardous waste code Page 19.

D 0 3 9

C. State hazardous waste code Page 19.

N A

D. SIC code Page 19.

3 3 3 9

E. Origin code Page 19
System
Type L M

F. Source code Page 20.

A 1 9

G. Point of measurement
Page 20.

1

H. Form code
Page 20.

B 2 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994
Instruction Page 21.

1 3 4 9 . 8

B. Quantity generated in 1995
Page 21.

6 8 3 . 4

C. UOM
Page 21.

1

□ 1 lbs/gal □ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled on site
in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled on site
in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 22. ☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I A D 0 9 8 0 2 7 5 9 2

C. System type shipped to
Page 23.

L M 0 2 9

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1995
Page 23.

6 8 3 . 4

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.C. System type shipped to
Page 23.

L M

D. Off-site
availability code
Page 23.E. Total quantity shipped in 1995
Page 23.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 24. ☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

 W 4 1 W
 W W

C. Other effects Page 25.

☐ 1 Yes
☒ 2 No
D. Quantity recycled in 1995 due to new activities
Page 25.

N A .

E. Activity/production
index Page 25.

N A .

F. 1995 source reduction quantity Page 26.

2 0 0 . 0

Comments:



**F
R
O
M**



**CLIMAX MOLYBDENUM
COMPANY**

A Cyprus Amax Company

P.O. BOX 220 • FORT MADISON, IOWA 52627

TO:

US EPA Region 7
ARTD/Iowa
726 Minnesota Avenue
Kansas City, KS 66101

IRSP